

SOLICITATION, OFFER AND AWARD		1. This Contract is a Rated Order Under DPAS (15 CFR 350)	Rating	Page 1	of 60 pages
2. Contract No.	3. Solicitation No. 270-05-0134		4. Solicitation Type <input type="checkbox"/> Sealed Bid (IFB) <input checked="" type="checkbox"/> Negotiated (RFP)	5. Date Issued May 12, 2005	6. Requisition/Purchase No.
7. Issued By Substance Abuse and Mental Health Services Administration, DHHS Division of Contract Management, OPS 1 Choke Cherry Road, Room 7-1051 Rockville, Maryland 20850		Code		8. Address Offer To (If other than item 7) Code	

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and **See Attachment 4** copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried, in the depository located in **See Attachment 4** until **3:00pm** (hour) local time **June 13, 2005** (date).

CAUTION – LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-10. All offers are subject to all terms and conditions contained in this solicitation.

10. For Information Call:	A. Name Lynn Tantardini	B. Telephone No. (include area code) (NO COLLECT CALLS) 240-276-1508
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OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within <u>120</u> calendar days (60 calendar days unless a different period is inserted by the offeror) from the data for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.				
13. Discount for Prompt Payment (See Section I, Clause No. 52.232-8)	10 Calendar Days %	20 Calendar Days %	30 Calendar Days %	____ Calendar Days %
14. Acknowledgment of Amendments The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated.	Amendment No.	Date	Amendment No.	Date
15A. NAME AND ADDRESS OF OFFEROR	Code	Facility	16. Name and Title of Person Authorized to Sign Offer (Type or print)	
15B. Telephone No. (Include area code)	15C. Check if Remittance Address is difference from above. Enter such address in Schedule.		17. Signature	18. Offer Date

AWARD (To be completed by Government)

19. Accepted as to Items Numbered	20. Amount	21. Accounting and Appropriation	
22. Authority for Using Other Than Full and Open Competition: <input type="checkbox"/> 10 U.S.C. 2304 (c)() <input type="checkbox"/> 41 U.S.C. 253 (c)()	23. Submit Invoices to Address Shown in (4 copies unless otherwise specified)		Item
24. Administered By (If other than Item 7)	Code	Payment Will be Made By	Code
26. Name of Contracting Officer (Type or print) Lynn M. Tantardini, Contracting Officer Division of Contracts Management, OPS, SAMHSA, DHHS		27. United States of America (Signature of Contracting Officer)	28. Award Date

IMPORTANT – Award will be made on this form, or on Standard Form 26, or by other authorized official written notice.